

PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT 04/20/2017	
AGENCY/FACILITY INFORMATION	
Name of Agency/Facility Austin Police Department	
Address 715 E 8th Street	
City AUSTIN	Zip Code _ 78702
Telephone Number 512 - 974 - 5000	
Signature of Director of Agency/Facility (Required) CHACON	
Name of Person Filling Out Form 4. Scott Ehlert	
Email of Person Filling Out Form Scott, ehlert e austintexas. gov	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?
1 □ Male	☑Male ☐ Female
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT:	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
3/ Not Available	29
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available	
and known. If not available, mark not available.) American Indian Black or African American	☐ American Indian ☐ Black or African American
or Alaska Native	or Alaska Native
☐ Anglo or White ☐ Other	☐ Asian or Pacific Islander
☐ Asian or Pacific Islander ☐ Not Available	
	11. DURING THE INCIDENT, PEACE OFFICER WAS:
4. DATE OF INCIDENT	☐ On Duty ☐ Off Duty
Month	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
5. LOCATION OF INCIDENT . ,	' ☐ Yes ☐ No
Street address 632 Parliament Dr. A	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
City Austin	Emergency Call or Request for Assistance
County Travis zip 78724	☐ Traffic stop
	■ Execution of a warrant
6. INCIDENT RESULTED IN:	☐ Hostage, barricade, or other emergency situation
7. INJURED OR DECEASED PERSON:	☐ Other — Specify type of call
🖫 Carried, exhibited or used a deadly weapon	a care. Opening type of oan
☐ Did not carry, exhibit or use a deadly weapon	